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Summary

HAEMOSTATIC PROFILE IN STABLE COMPENSATED CIRRHOSIS, ACUTE DECOMPENSATION, AND ACUTE-ON-CHRONIC LIVER FAILURE: INSIGHTS FROM GLOBAL ASSAYS AND ASSOCIATIONS WITH NON-PORTAL HYPERTENSIVE BLEEDING AND THROMBOSIS

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In a case-control study of 215 cirrhotic patients, ROTEM-defined hypocoagulability was an independent risk factor for non-portal hypertensive bleeding and was significantly more prevalent in acute decompensation and acute-on-chronic liver failure than in stable cirrhosis.

KEY POINTS

- Non-portal hypertensive bleeding occurred in 30.8% of ACLF patients, 18.9% of acute decompensation patients, and 5.7% of stable cirrhosis patients.
- ROTEM-defined hypocoagulability (≥5 abnormal parameters out of 6) was present in 22.2% of ACLF patients, 8.3% of acute decompensation patients, and 1.8% of stable cirrhosis patients.
- Multivariate analysis identified ROTEM-defined hypocoagulability as an independent risk factor for non-portal hypertensive bleeding with an odds ratio of 12.93.
- Thrombin generation assays showed accelerated initiation and reduced thrombin potential in ACLF versus stable cirrhosis and acute decompensation, though thrombomodulin normalized these effects.
- No significant differences in coagulation parameters were observed between patients with and without thrombotic complications.

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